

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. _____

STATE OF CONNECTICUT
DEPARTMENT OF HEALTH SERVICES
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE

In re: Tina Louise Moravsky, H.C.

Petition No. 930303-20-002

Lic # 028841

CONSENT ORDER

WHEREAS, Tina Louise Moravsky, H.C., f.k.a. Tina Louise Belarinelli, Hairdresser and Cosmetician, of Bethel, Connecticut, hereinafter referred to as the Respondent, hereby admits as follows:

1. In 1978 she was issued a license to practice the occupation of hairdresser and cosmetician by the Department of Health Services pursuant to Chapter 387 of the General Statutes of Connecticut, as amended.
2. Department of Health Services records reveal that her license expired in 1988 due to her failure to renew her license, and it has remained expired.
3. From 1988 through 1993 she continued to practice the occupation of hairdresser and cosmetician while her license was expired.
4. She now seeks reinstatement of her license to practice the occupation of hairdresser and cosmetician.
5. By her actions in (2) and (3) above she has violated the provisions of §19a-14a(6)(E) and §20-263 of the General Statutes of Connecticut by failing to conform to the accepted standards of the occupation of Hairdresser and Cosmetician.

NOW THEREFORE, pursuant to §19a-14, §19a-17 and §20-263 of the General Statutes of Connecticut, Tina Louise Moravsky hereby stipulates and agrees to the following:

1. She waives her right to a hearing on the merits of this matter..

2. Subject to her completing an application with the Department of Health Services and subject to her successfully establishing eligibility for the reinstatement of her license, her license to practice the occupation of hairdresser and cosmetician in Connecticut will hereby be reinstated.
3. She is hereby censured.
4. She is assessed a civil penalty of five hundred (\$500.00) dollars which she shall pay by certified check made payable to "Treasurer, State of Connecticut." She shall forward said check along with the signed Consent Order to:

Joseph J. Gillen, Ph.D., Section Chief
Applications, Examinations and Licensure
Department of Health Services
150 Washington Street
Hartford, CT 06106

5. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, that said order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this Consent Order shall not deprive her of any rights that she may have under the laws of the State of Connecticut or of the United States.
6. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department of Health Services at any time prior to its being executed by the last signatory.
7. This Consent Order is effective the first day of the next month after which it is executed by the last signatory.
8. She has the right to consult with an attorney prior to signing this document.

I, Tina Louise Moravsky, have read the above Consent Order, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Tina Louise Moravsky
Tina Louise Moravsky

Subscribed and sworn to before me this 28th day of APRIL 1993.

Subscribed and sworn to before me, a
Notary Public, in and for the County
of Fairfield
and State of Connecticut, this 28th
day of APRIL, 1993
Sylvia Duff
Notary Public
My Commission Expires March 31, 1995

Sylvia Duff
Notary Public or person authorized
by law to administer an oath or
affirmation

The above Consent Order having been presented to the duly appointed agent of
the Commissioner of Health Services on the 5th day of
May 1993, it is hereby accepted.

Stanley K. Peck
Stanley K. Peck, Director
Division of Medical Quality Assurance

RAS:dm

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